Mental Health Treatment Plan Part One:

IV. DSM IV Numerical ☐ **Last MSE** _/_/_ ☐ **Last TP** _/_/_ **MH 1** ☐ _/_/_ **Last MH 4** ☐ _/_/_

Axis I	296.90	mood Dis NOS
	303.90	ETOH
Axis II	799.9	Deferred
Axis III		
Axis IV		(current) Incarceration
Axis V		GAF = 64 Describe basis.

V. Problem / Symptom List

#1 Depressive mood changes

#2

#3

VI. Inmate's Strength and Weakness, Goals Inmate's Treatment Goals, ☐ MH 6 Input

Depressive mood swings

VII. Plan estimate to transfer to lower level of care:

☐ **Dual Diagnosis** Treatment Readiness: ☐ Amenable ☐ Motivated ☐ Resistant

Signature(s)

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96] Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328	**LEVEL OF CARE** Inpatient Outpatient	Last Name: First Name: MI: Cunningham James CDC # V72323 DOB 2/16/58

State of California, Department of Corrections: N / C / S Region, Service Area = ___, Institution,

TREATMENT PLAN PART TWO: PROBLEM → # ___ pg. ___ Today Date: 7/21/05

☐Initial Treatment Plan ☐Update because ___ ☐Re-justify, ___ weeks

Prob. #	Describe Problem: Depressive mood	Possible Completion	Date
		Next Review	Date
	Target Behavior(s): mood Changes Depressed		
	Target Objective(s): Reports Fewer mood		
	Changes and not		
	Depressed		

Date	Intervention (s) & Staff Assigned.	Frequency and Duration.	Results.
7/21/05	med mgmt	Daily	
	Cm contact	Q90	
	Inst Program	Daily	
	Declined Group	—	
7/21/06	IDTT annual		
	Cont. C3 LOC		
	Interventions per above — J. Moore, PhD		

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96]	LEVEL OF CARE	Last Name: First Name: MI:
Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328	Inpatient Outpatient	Cunningham James CDC # V-72323 DOB 2/16/58

SIERRA CONSERVATION CENTER
JAMESTOWN, CALIFORNIA

X-RAY REPORT

NAME: Cunningham, James **CDC #:** V-72323 **DATE:** 11-20-06

AGE: 49 **PHYSICIAN:** Dr. Sweetland

X-RAY OF: Mandibular series (AP, oblique, lateral submentovertex projection)
COMPARISON: None

BRIEF HISTORY: Trauma. Rule out fracture.

FINDINGS:
The examination demonstrates no soft tissue abnormalities. Bones and joints are intact. The facial bones and calvarium, as visualized, are unremarkable in appearance. The perinasal sinuses are well-pneumatized as visualized.

IMPRESSION:
Normal mandibular series.

MD: JW:jd
D: 11-22-06
T: 11-22-06

J. Wilson, M.D.
Radiologist

SCC M.D. Initials: ______ **Date:** 12/7/06

STATE OF CALIFORNIA

3/23

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME Cunningham, James	CDC NUMBER V72323	INSTITUTION CMC East
DATE OF BIRTH 2/16/58	EPRD DATE 2014	GENDER Male
PRINCIPLE DIAGNOSIS Torn Meniscus (L) Knee	ICD - 9 CODE	CPT CODE(S)
REQUESTED SERVICE(S) Ortho consult		# OF DAYS RECOMMENDED

Please circle all that apply: **Diagnostic Procedure/Consultation** (circled: Consultation) **Outpatient/Inpatient** (circled: Outpatient) **Initial/Follow-up** (circled: Initial)

Requested Treatment/Service is: **EMERGENT** **URGENT** **ROUTINE** (circled: ROUTINE)

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider: Orthopedics Kowall Anticipated Length of Stay:

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer):

Medical Necessity (*briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant*): Pt has documented Meniscus tear on MRI 11/06 at Jamestown - got lost c transfer - Knee giving way on stairs

Estimated time for service delivery, recovery, rehabilitation and follow-up:

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months):

Comments (diagrams, risk factors, prognosis, alternative management, etc.): Send 11/06 MRI - flagged

REQUESTING PHYSICIAN PRINTED NAME Gallagher	APPROVED / AUTHORIZED / DENIED / DEFERRED BY [signature] DATE 3-6-07
REQUESTING PHYSICIAN SIGNATURE [signature]	DATE 3/6/07 Utilization management tracking #: 06/07-07-0P-6608
DATE OF CONSULTATION 3-23-07	PRINTED NAME OF CONSULTANT Kowall

FINDINGS: See Attached

RECOMMENDATIONS:

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED:

CONSULTANT SIGNATURE [signature]	DATE 3/23/07
ETA RN SIGNATURE [signature] RN	DATE 3/23/07
PCP SIGNATURE	DATE

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
V72323
CUNNINGHAM, JAMES
02-16-1958
626Ax MEDA

Attach Progress Note page for additional information.
THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

DISTRIBUTION:
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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME Cunningham, James	CDC NUMBER V72373	INSTITUTION CMC
DATE OF BIRTH 2-16-58	EPRD DATE	GENDER
PRINCIPLE DIAGNOSIS Torn meniscus L knee	ICD - 9 CODE	CPT CODE(S)
REQUESTED SERVICE(S) Eval, Rx.		# OF DAYS RECOMMENDED

Please circle all that apply: Diagnostic Procedure/Consultation   Outpatient/Inpatient   Initial/Follow-up

Requested Treatment/Service is: EMERGENT   URGENT   ROUTINE (circled)

For the purpose of retrospective review, if emergent or urgent, please justify: ______

Proposed Provider: Dr Peru ______ Anticipated Length of Stay: ______

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): ______

Medical Necessity (*briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant*): ~~Pt awarded c referral for orthopedic consultation – torn lat. (?) meniscus~~

Estimated time for service delivery, recovery, rehabilitation and follow-up: ______

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): ______

Comments (diagrams, risk factors, prognosis, alternative management, etc.): ______

REQUESTING PHYSICIAN PRINTED NAME Musson	APPROVED / AUTHORIZED / DENIED / DEFERRED BY	DATE
REQUESTING PHYSICIAN SIGNATURE Musson	DATE 1-12-07	Utilization management tracking #:
DATE OF CONSULTATION	PRINTED NAME OF CONSULTANT	

FINDINGS: ______

RECOMMENDATIONS: ______

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: ______

CONSULTANT SIGNATURE	DATE	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
ETA RN SIGNATURE	DATE	
PCP SIGNATURE	DATE	

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME: Cunningham, James
CDC NUMBER: V72323
INSTITUTION: SCC

DATE OF BIRTH: 2-16-58
EPRD DATE: 11/30/14
GENDER: M

PRINCIPLE DIAGNOSIS: Torn meniscus (L) knee
ICD - 9 CODE:
CPT CODE(S):

REQUESTED SERVICE(S): Orthopedist
OF DAYS RECOMMENDED:

Please circle all that apply: **Diagnostic Procedure/Consultation** **Outpatient/Inpatient** **Initial/Follow-up**

Requested Treatment/Service is: **EMERGENT** **URGENT** **ROUTINE** (circled)

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider: Orthopedist (TGH)

Anticipated Length of Stay:

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer):

Medical Necessity (*briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant*): Recent MRI demonstrates 1) Complex tear of posterior horn of medial meniscus, and 2) Chondromalacia - medial joint space (see attached). Needs arthroscopy.

Estimated time for service delivery, recovery, rehabilitation and follow-up:

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months):

Comments (diagrams, risk factors, prognosis, alternative management, etc.):

REQUESTING PHYSICIAN PRINTED NAME: T. Dan, PA
APPROVED / AUTHORIZED / DENIED / DEFERRED BY:
DATE:

REQUESTING PHYSICIAN SIGNATURE: [signature] PA
DATE: 1-5-07
Utilization management tracking #:

DATE OF CONSULTATION:
PRINTED NAME OF CONSULTANT:

FINDINGS:

RECOMMENDATIONS:

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED:

CONSULTANT SIGNATURE: DATE:

ETA RN SIGNATURE: DATE:

PCP SIGNATURE: DATE:

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Cunningham, James

V72323

2-16-58

Attach Progress Note page for additional information.

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PHYSICIAN REQUEST FOR SERVICES

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

3

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

32

PATIENT NAME: Cunningham, James

CDC NUMBER: V72323

INSTITUTION: SCC

DATE OF BIRTH: 2/16/58

EPRD DATE: 11/30/14

GENDER: male

PRINCIPLE DIAGNOSIS: (L) meniscal tear

ICD - 9 CODE:

CPT CODE(S): 73721

REQUESTED SERVICE(S): MRI scan of (L) knee D of Inj 8-2-06

# OF DAYS RECOMMENDED:

Please circle all that apply: Diagnostic Procedure/Consultation Outpatient/Inpatient Initial/Follow-up

Requested Treatment/Service is: EMERGENT URGENT **ROUTINE** (circled)

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider: Anticipated Length of Stay:

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer):

Medical Necessity (*briefly describe the clinical situation: the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant*): Falling twisting injury to (L) knee 5 months ago c (-) xray of (L) knee. No improvement c continued pain despite NSAIDS. MRI to R/O tear

Estimated time for service delivery, recovery, rehabilitation and follow-up:

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months):

Comments (diagrams, risk factors, prognosis, alternative management, etc.):

REQUESTING PHYSICIAN PRINTED NAME: SWEETLAND

APPROVED / AUTHORIZED (circled) / DENIED / DEFERRED BY: [signature]

DATE: 9/22/06

REQUESTING PHYSICIAN SIGNATURE: [signature] MD

DATE: 9/18/06

Utilization management tracking #: 06/07-20-OP-0352

DATE OF CONSULTATION: 11-5-06

PRINTED NAME OF CONSULTANT: Alliance Imaging, Inc.

FINDINGS: MRI of the ~~Right~~ LEFT knee completed. Radiologist report to follow.

RECOMMENDATIONS:

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED:

CONSULTANT SIGNATURE: [signature] DATE: 11/5/06

ETA RN SIGNATURE: [signature] DATE: 11/5/06

PCP SIGNATURE: [signature] DATE: 11/6/06

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Cunningham, James
V72323
2/16/58

Attach Progress Note page for additional information.

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SEP 19 2006

V72323

TWIN CITIES COMM HOSP
1100 Las Tablas Road
Templeton, CA 93465
805/434-4516

DOB: 02/16/1958
Page 1 of 4

PT: CUNNINGHAM, JAMES
MR#: 000286398
TYPE: 2
ADM: 05/07/2007
ACCT: 3365964
360599 MARK KOWALL, M.D.
OPERATIVE REPORT

TWI
RM: 1602 C
DIS:
AUTH ID: TW6323

DATE OF OPERATION: 05/07/2007

PREOPERATIVE DIAGNOSIS:
1. Left knee meniscus tear.
2. Osteochondritis desiccans involving medial femoral condyle.
3. Chondrosis.

POSTOPERATIVE DIAGNOSIS:
1. Left knee medial meniscus tear.
2. Patellofemoral chondrosis.
3. Osteochondritis desiccans involving the medial femoral condyle.

PROCEDURES PERFORMED:
1. Left knee arthroscopy with medial meniscectomy.
2. Patellofemoral chondroplasty.

SURGEON: Mark Kowall, MD

ASSISTANT: None.

ANESTHESIA: General.

ANESTHESIOLOGIST: Harry Wiese, MD

TOURNIQUET TIME: 30 minutes.

COMPLICATIONS: None.

INDICATIONS: This is a 50-year-old male, inmate at California Men's Colony who presents with a 10-month history of left knee pain. August 2006, he collapsed under a lawn chair onto the left knee. He has since noticed the persistence of pain.

Copy For: Mark Kowall, M.D.

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OPERATIVE REPORT

DOB: 02/16/1958
Page 2 of 4

Radiographs obtained last August demonstrate a "abnormality" in the medial femoral condyle suggestive of osteochondritis desiccans. MRI performed November 2006 consistent with a complex tear medial meniscus.

Seen by myself initially for consultation on 03/23/2007. Pain focus of the anterior aspect and medial compartment. Options were presented. He has elected to pursue operative intervention. The various operative treatment discussed at length. Risks and complications outlined.

OPERATIVE FINDINGS:

1. Exam under anesthesia. Patella exam demonstrates a neutral tilt with 2+ glides. Ligament exam unremarkable.

1. Arthroscopic findings: The suprapatellar pouch, medial/lateral gutters unremarkable. The undersurface of the patella demonstrated generalized grade 2 chondrosis. The femoral trochlea demonstrated minimal chondrosis. The patella centered appropriately at 45 degrees of knee flexion. The intercondylar notch demonstrated normal-appearing anterior cruciate ligament and posterior cruciate ligament. The lateral compartment demonstrated slight chondrosis with no lateral meniscus tear. The medial compartment demonstrated a large posterior horn medial meniscus tear, consistent with the MRI findings.

The area of the potential osteochondritis desiccans as noted by x-ray and MRI, showed a healed over defect. No exposed bone. Stable cartilaginous cap.

PROCEDURE: Brought to the operating room, general anesthesia was administered. Preoperative antibiotics given.

Exam under anesthesia performed with the above-mentioned findings.

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805/434-4516

DOB: 02/16/1958
Page 3 of 4

PT: CUNNINGHAM, JAMES
MR#: 000286398 TWI
TYPE: 2 RM: 1602 C
ADM: 05/07/2007 DIS:
ACCT: 3365964 AUTH ID: TW6323
360599 MARK KOWALL, M.D.
OPERATIVE REPORT

Tourniquet placed high in the left knee.

The Accufix leg holder could not be utilized secondary to thigh girth. A lateral post was utilized. A gel roll was placed underneath the posterior thigh to prevent hyperextension of the hip joint. The right lower extremity was suspended in a flexed abducted position from a well-padded leg holder. The left knee and lower extremity were then shaved, prepped and draped in the usual sterile fashion. The leg was exsanguinated and the tourniquet was inflated to 325 mmHg.

Standard anteromedial, anterolateral portals were established. A standard superior lateral outflow was established. A 30 degrees arthroscope was inserted into the knee and a thorough diagnostic evaluation was performed with the above-mentioned findings.

With the use of the 4.5-mm curved Synovator, the undersurface of the patella was debrided, unstable areas of hyaline cartilage were debrided.

Attention was then directed towards the medial compartment. The medial meniscus tear was as stated.

With the use of a low profile duckling basket, upbiting basket and 4.5-mm curved Synovator, a partial medial meniscectomy was performed. A stable rim of meniscus was left.

Next, the medial femoral condyle was carefully inspected, the area of the defect noted by MRI was evaluated. This did demonstrate a cartilaginous cap, there were no unstable characteristics. No OATS procedure or microfracture procedure performed.

Cartilaginous loose debris was lavaged out the knee. Portal sites were closed with catgut. Marcaine with epinephrine injected into the knee for postoperative anesthesia. Bulky

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805/434-4516

DOB: 02/16/1958
Page 4 of 4

PT: CUNNINGHAM, JAMES
MR#: 000286398 TWI
TYPE: 2 RM: 1602 C
ADM: 05/07/2007 DIS:
ACCT: 3365964 AUTH ID: TW6323
360599 MARK KOWALL, M.D.
OPERATIVE REPORT

dressing was applied followed by TED hose. The patient was extubated, brought to recovery in stable condition having tolerated the procedure very well.

DISCHARGE INSTRUCTIONS: In 48 hours, the dressing should be changed, Band-Aids reapplied. The patient should keep the area clean, dry and covered for 7 days. He should not get it wet for 7 days. Crutches for comfort purposes only, weightbearing as tolerated. He was given a series of independent exercises for range of motion and strengthening.

Follow-up in the Twin Cities clinic with me in 4-6 weeks.

MARK KOWALL, M.D.
MK:1720616
d: 05/07/2007 11:37:56 t: 05/07/2007 13:22:09

CC: Mark Kowall, M.D.

Copy For: Mark Kowall, M.D.

ALLERGIES

DATE 5/7/2007	TIME	HT	WT
		Read back VO/TO	Initial

Albuterol inhaler 2 puffs X 1 preop

[signature]

NURSE NOTED DATE TIME | DATE/TIME | PHYSICIAN SIGNATURE OR AUTHENTICATION | SMO DATE/TIME INITIAL

24 HR CHART CHECK BY NURSE DATE TIME | | | FAXED DATE/TIME INITIAL

DATE 5-7-07	TIME 1130	Read back VO/TO	Initial

1. To CMC
2. S/P Knee scope - Menisectomy
3. Crutches WBAT PRN
4. Norco 5mg q6 PRN X 2 weeks
5. Lower Bunk X 2 weeks
6. No stairs for 1 week
7. Independent Knee Exercise Program

ACCT: 3365964
MR #: 000286398
1602-C 05/07/2007 M 49y 2/59
CUNNINGHAM, JAMES DOB:02/16/1958
Dr. KOWALL MARK PCP:KOWALL MARK

NURSE NOTED DATE TIME | DATE/TIME | PHYSICIAN SIGNATURE OR AUTHENTICATION | SM

24 HR CHART CHECK BY NURSE DATE TIME | | | FAXED DATE/TIME INITIAL

DATE	TIME	Read back VO/TO	Initial

8. In 48° - Remove Dressing and Replace c̄ Bandaid
9. Keep incision clean + DRY X 7 Days
10. Work Duties - limit prolonged standing walking for 4 weeks
11. F/U Dr. Kowall TCH ~4-6 weeks
12. Copy of these orders to CMC c̄ Patient
13. ASA 81mg po qday X 3 weeks

[signature]

NURSE NOTED DATE TIME | DATE/TIME | PHYSICIAN SIGNATURE OR AUTHENTICATION | SMO DATE/TIME INITIAL

24 HR CHART CHECK BY NURSE DATE TIME | | | FAXED DATE/TIME INITIAL 5/7/07 1150 [initials]

PHYSICIAN ORDERS

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME	CDC NUMBER	INSTITUTION
CUNNINGHAM James	V 72323	CMC East

DATE OF BIRTH	EPRD DATE	GENDER
2/16/1958	2014	Male

PRINCIPLE DIAGNOSIS	ICD-9 CODE	CPT CODE(S)
(L) Knee menisus tear		

REQUESTED SERVICE(S)	# OF DAYS RECOMMENDED
Surgery	

Please circle all that apply: Diagnostic Procedure/Consultation Outpatient/Inpatient Initial/Follow-up

Requested Treatment/Service is: EMERGENT URGENT ROUTINE

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider: Ortho – Kowall Anticipated Length of Stay:

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer):

Medical Necessity (*briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant*): (L) Knee menisus tear, osteo chondritis desecans MFC, chondrosis

Estimated time for service delivery, recovery, rehabilitation and follow-up:

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months):

Comments (diagrams, risk factors, prognosis, alternative management, etc.):

REQUESTING PHYSICIAN PRINTED NAME	APPROVED / AUTHORIZED / DENIED / DEFERRED BY	DATE
P. Gallagher	[signature]	4-4-07
REQUESTING PHYSICIAN SIGNATURE	**DATE**	**Utilization management tracking #:**
P. Gallagher MD	3/27/07	06/07-07-UP-7626
DATE OF CONSULTATION	**PRINTED NAME OF CONSULTANT**	
5-7-07	Kowall	

FINDINGS:

Surgery

RECOMMENDATIONS:

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED:

CONSULTANT SIGNATURE [signature]	DATE 5-7-07
ETA RN SIGNATURE	DATE
PCP SIGNATURE	DATE

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

V 72323
CUNNINGHAM James
2/16/1958

6267x
MEDA

Attach Progress Note page for additional information.

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DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
10/16/07	1055	F/U re: Wellbutrin (for Dr Sugarman)
		(S) "I'm upset about legal stuff"
		(O) Pt c/o depression/anxiety re: "legal stuff" + "some paranoia".
		Denied AH, VH, SI, HI. We discussed at length - CDCR -
		mandated D/C of Wellbutrin (it becomes nonformulary 11/1/07)
		Discussed changing his medication to Effexor XR - potential
		benefits/SE's. Pt stated he would take Wellbutrin until
		it will no longer be available 11/1/07, but refused another
		antidepressant (briefly considered Prozac, then declined it, too).
		He signed a Refusal form, clearly stating he is aware Wellbutrin
		will be nonformulary (explained to him) + not available as of 11/1/07,
		but that he wants no other antidepressant medication
		(A) MDD c̄ psychotic features PTSD
		(P) Pt was encouraged to consider another antidepressant, +
		to let psych services know if he changed his mind.
		Will ask that pt be ducated in ASAP to see his
		regular psychiatrist (after he returns in early Nov.) for f/u.
		B J Williams MD

INSTITUTION: CMC-E

CLINICIAN:

BED NUMBER:

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH:
Cunningham, James
V-72323
2-16-58

INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230 MH (Rev. 06/06)

Confidential Client/Patient Information

DATE	TIME	
9/4/07	1100	Psychiatry followup: PD: 11/2014
		S/O: overall, more relaxed. less paranoia 'no longer bitter.' California Supreme court turned down his appeal, peers help him with his 'case.' Had 6 months 'dead time' in AD SEG, 'Don't need to shoot myself in the foot ~~[illegible]~~ no more.'
		Pleasant, animated. relevant associations neatly groomed. 'I have a little path I want to go down for a change.' Proud of avoiding confrontation with staff in library. Has lost 23 lbs, riding bike in physical therapy, knee is mostly rehab'D
		AH? names called in sleep, on one occasion intoxicated cellie. sleep? up 2AM, then returns. Appetite ↓ change. No SI, ~~[illegible]~~ HI. Paranoia is improved, no longer personalize others' comments. Doing well in school. Well [illegible] being removed from [illegible] discussed. Good med compliance.
		A: MDD with psychotic features, remains stable, PTSD hyp? asthma oversight
		P: continue, for now, bupropion ~~[illegible]~~ (depression), quetiapine 600 mg CAH, paranoia), diphenhydramine 100 mg (initial insomnia). return in 10 to 12 weeks. check labs next time.

[signature] B. Sugerman, M.D.

INSTITUTION	HOUSING UNIT	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
		Cunningham, James V72323

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
6/7/07	—	Continued: (initial summary) return in 10 to 12 weeks. —— [signature] MD
		B. Sugerman, M.D.
~~6/20/07~~		~~Psychology F/U: I/P is new to me having arrived when I was on extended medical leave. 7388 1/17/07~~
		error [initials]
8/17/07		attempted F/U but unable to make contact w/ IM despite pages. IM will be rescheduled. [signature] PhD
8/21/07		IM/Pt seen for 1:1 F/U – he has adjusted to program as well as school assignment; he is making high scores on tests/assignments. Mood/affect positive. F/U 90 days.
		[signature] PhD

INSTITUTION	CLINICIAN	BED NUMBER	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
			Cunningham, James V72323

INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230 MH (Rev. 06/06)

Confidential Client/Patient Information

no UHR

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
7/18/07	1530	IM/Pt seen for 90 day 1:1. Comes to session w/ smile and apology for being resistant/angry last session re not wanting to be in school. Has started class, enjoying it alot, invested in learning, happy to be productive. Explored recent example of anger he deals w/ and did some Cog. behavioral TX re "shoulds" — able to laugh at self, understand thinking error & commit to bring awareness re this. Mood/affect very good. Committed to improving life. F/U in 1 mo. [signature] PhD

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			Cunningham

INTERDISCIPLINARY PROGRESS NOTES

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DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
6/7/07	0985	Psychiatry followup:
		S/: To see Dentist today for toothache. Has
		not had physical therapy to follow left knee
		arthroscopic surgery. Still has muscle cramps.
		His regular MD is out with cancer. "School stresses"?
		Agreed to stay with it, "enjoy it" this week,
		with possibility of "PIA, vandal class" to improve TABE.
		"I wrestled with it." "I don't see going to the hole,
		shoot myself in the foot with a 115." more relaxed.
	Tager 100	Going to get to level 2, deal with medical issues.
		Good med compliance. Sleep, appetite are good. No
		SI, HI. AH, paranoia? "shrugging that off." Side
		effects? Denies. Wants diphenhydramine renewal,
		approved. Has completed Habeas Corpus, accepted by
		court. Family may visit. "I have a lot to be thankful
		about." He is exercising, lifting weights. Neatly
		groomed, polite. Good med compliance per MAR.
		weight 268. (BS (s/) unremarkable
		A: MDD with psychotic features, stable
		PTSD Hep C asthma overweight s/p knee surgery
		P: continue quetiapine 600 mg (AH, paranoia),
		bupropion 300 mg (depression), diphenhydramine 100 mg

INSTITUTION | CLINICIAN | BED NUMBER | CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

(cont.)

Cunningham, James

V72323

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DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
4/24/07 Con't		that IM/Pt suffers some humiliation because of his school performance/ loss of face however no MMI interference seems to be present. Will reeducate to IDTT to discuss options. T.C. to teacher (Mr. DuBois x4625) who describes IM as resistant & not wanting to be in school but otherwise cites no problems. [signature] PhD
4/26/07		IM/Pt seen by IDTT - informed after review & discussion that there is no MH reason to remove IM/Pt from education. Referred him to CCI to explore further options. [signature] PhD [signature] MD

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DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
4/24/07		C-file review – RJDRC 4-4-05, SCC 7-8-05,
		arrived CMC 1-12-07 EPRD 12-30-14.
		4 yr + 8 yr = 12 yr term: Assault w/ firearm (9-12-04)
		2 strikes
		Juv. Hx from 1976 – last 115 10-22-06
		Disobeying Order
		[Appears from Crim investigation write up
		that this sentence was for threatening
		a neighbor w/ a shotgun – reads like
		off the wall event until you read IM's
		description which makes more sense – however
		trial was by jury so Vs convinced 12 others
		re their version.]
		Chronos indicate some history of med
		holding by cheeking '05 + '06
		TABE SCC 4.5 reading } 7-13-05
		3.4 overall }
		SCC 6.2 R } 8-17-06
		5.4 overall }
12-05 & 11-06		Prior school placement chronos = + progress

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Cunningham, J.

V72323

INTERDISCIPLINARY PROGRESS NOTES

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#7

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
4/19/07		IM/Pt seen briefly in IDTT re school issue. Assigned CM has not yet evaluated IM/Pt or reviewed UHR or Cfile. Appointment will be scheduled during coming week and IM/Pt's academic status assessed. May be returned to IDTT for action re this if needed. [signature] PhD
4/24/07	10:40 – 11:00	IM/Pt seen 2° to academic issue. C-file reviewed as well as UHR. IM/Pt insists he shouldn't be in school – "50 yrs old", "never good at school", "need to move", "won't do anything for me on street." IM/Pt suggests this assignment is "torture" for him & describes some anxiety symptoms – sweating, not liking it because people too close. However, primarily seems he just doesn't want to be in school & rejects offers to assist his adjustment w/ TX 1:1, group, meds. Appears [continued]

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DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
4/5/07	1045	Psychiatry referral
		S/O: Referred by his teacher that patient upset
		[illegible] + school environment, anxious, Stated
		patient 'wants to do things right.' Per patient,
		'it felt stuffy'; [illegible]
		'couldn't click' or [illegible] with more
		comfortable working. Will have surgery on left knee
		meniscus in [illegible]. No SI/HI, no AH, no paranoia
		outside of school setting. Perspiring. Linear thought.
		Appears anxious.
		A: Cognitive limitations compounded by
		psychiatric fragility seem to preclude patient
		being in school at this time.
		P: Patient given [illegible] + f/u. Message
		left for Mr [illegible] to see patient.
		Consider for reassignment.
		[signature] MD
		B. Sugerman, M.D.

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DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
1/2/07	—	improved.
		P: Per patient request will increase
		Diphenhydramine to 100 mg for insomnia
		Continue bupropion 300 mg (depression),
		quetiapine 600 mg (AH, paranoia)
		return in 10 to 12 weeks
		[illegible] MD
1/12/07	9:40 am	CCCMS I/R (S) "I'm still having trouble
		with school. I cannot stand to be
		there. It really stresses me out
		& makes me paranoid. I would like
		to be anywhere else. I have [illegible]
		[illegible] & I'm paranoid a lot
		of the time." (O) cooperative, agitated, alert.
		(A) MDD w/psychotic features. Reports some
		depression & reports on-going paranoia.
		No SI. (P) Refer to IDTT to discuss his
		school situation. (E) Discussed techniques
		for managing conflicts w/ custody & Psy techs
		S. [illegible] LCSW

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DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
3/30/07	—	Informed: Mr Haldorson, though he seems to
		understand my feedback that I have secured
		no clear psych indication to remove him currently.
		Keep current appointment. (weight: 276 —
		discussed, LABS: 1/30 — several low enzymes [illegible]
		consistent with old Hep C).
		[signature] MD
4/2/07	0935	Psychiatry followup / Patient request (3/21)
		S/O: He would like increased Benadryl, helps
		[illegible] which interferes with sleep
	5/7/07	Taking the meds well, helped. Wellbutrin gives
Rem		him energy, more motivation eg workouts, writes letters,
		call family. AH, [illegible] occasionally, hears [illegible]
		called (nickname), can ignore. no SI, HI. ~~[illegible]~~
		Appetite [illegible] 'a favorite pastime' wants to lose
		weight. Plans to [illegible] twice a day. LABS (1/30)
		[illegible] (Hep C). weight: 276
		Neatly groomed. relevant [illegible]. Good eye
		contact. Good med compliance per MAR
		[illegible] (MDD) with psychotic features, stable
		PTSD. Hep C. asthma [illegible] (continued)

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			Cunningham, James V72373

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DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
3/30/07	10 20	Psychiatry Drop in:
		S/O: Saw Mr. Huddleston. 'He said he was going to call me in, but he didn't, so I waited until today.' Associates to problems with school — poor attention span, ruminates about unable to contact family, appeal, left knee pain). Before in school was working in kitchen, 'a stress relief.' 'I'm 50, I'm not getting a degree. I have got 7 years to go.' 'I don't want to be in the hole.' Problem with med line MTA last weekend, told 'I'll give them to you when I feel like it,' so did not get am/noon meds. 'I didn't refuse them.' 'He had my emotions running high. He still called in the officers.' MTA said patient was talking in the line. Got 'hot' mad when 'pickup med window' closed on him, walked off, no confrontation. He has avoided that MTA, and still getting meds. Tolerating med well. No SI, HI, psychotic content. Linear thoughts. Adequate grooming. No agitation or mood lability.
		A: Appears at baseline functioning, otherwise has solved MTA conflict issue for now. Hope
		P: He will discuss school [illegible] further with (continued)

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EXHIBIT

DATE	TIME	COMMENTS (USE S. P. E. FORMAT)
		IDTT:
		Inmate was seen and evaluated by Interdisciplinary Treatment Team.
		Treatment Plan and Mental Health Placement were reviewed and approved
		as indicated on 7388 dated 1/17/07.
		Team Recommends CCCMS Placement.
		S. Rippner, PhD [signature] LCSW
3/23/07		Psychiatry notes no change, [illegible] [signature] MD

INSTITUTION	CLINICIAN	BED NUMBER
CMC-E	S. Rippner, PhD	7268

CDCR NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Last Name: CUNNINGHAM
First Name: JAMES
CDCR #: V72323
DOB: 2/16/1958

INTERDISCIPLINARY PROGRESS NOTES

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STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
1/24/07	IN ABSENTIA	UCC INITIAL CLASSIFICATION: I/M received from SCC for
		☐ P.C. 2684 Evaluation and Return ☑ Mental health Treatment/Evaluation ☐ Out To Court
		☐ Medical Treatment and Return ☐ GP Housing ☐ Developmental Disabilities Program
		Endorsed ☐ PE ☐ EOP ☑ CCCMS ☐ Medical Necessity ☐ DD ☐ GP
		Release date: 12/3/2014 Custody: ~~MAX~~ MED A CustodyLevel: III 30 PTS.
		Work Group Status D1 / D A1A EFF 12/17/05 T.A.B.E. 6.2
		Assignment Wait Lists: ☑ Support ☑ Academic ☐ Vocation ☐ Project Change ABE 2 [illegible] GED
		☑ PIA ☐ Developmental Disabilities Education Program ☐ None
		Controlling Offense: [illegible] ASSAULT [illegible] FIREARM – 12 YRS
		Criminal History:
		Disciplinary History:
		Gang Affiliations: UPTOWN BLOOD
		Medical Issues: ASTHMA
		Sex Offenses:
		PIA Preclusions:
		Visiting Restrictions: –0–
		Comments:
		D.C. WOEHL, LCSW

INSTITUTION	CLINICIAN	BED NUMBER
CMC-E		6264X

CDCR NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Last Name: **CUNNINGHAM** First Name: **JAMES**

CDCR #: **V72323** DOB: **2/16/1958**

INTERDISCIPLINARY PROGRESS NOTES

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STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
1/23/07		continued.
		A: continue bupropion 300 mg (depression),
		quetiapine 600 mg (A/H, psychosis, mood stabilization),
		Diphenhydramine 50 mg (initial insomnia/rhinitis).
		D/C hydroxyzine (redundant) - check baseline
		labs - SMA 18, TSH, CBC. return in 4 to 6 weeks.
		[signature] MD
		B. Sugerman, M.D.

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